

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079553

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** DE LUCIA FAMILY DENTAL, LLC.

**Current Principal Place of Business:**

1320 S BELCHER RD.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

6700 CROSSWINDS DRIVE  
SUITE 300C  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

1320 S BELCHER RD.  
CLEARWATER, FL 33764

**New Mailing Address:**

6255 41ST AVE N  
SAINT PETERSBURG, FL 33709

**FEI Number:** 45-2714945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LUCIA, PING PING  
1320 S. BELCHER RD  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

DE LUCIA, PING PING  
6255 41ST AVE N  
SAINT PETERSBURG, FL 33709 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PING PING DE LUCIA

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE LUCIA, PING PING  
Address: 6255 41ST AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33709

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PING PING DE LUCIA

MGRM

04/18/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date